

You **must** provide the name of the Reporter.

TRANSCRIPT ORDER

1. NAME Brian Enos	2. EMAIL brian.enos@usdoj.gov	3. PHONE NUMBER 559/497-4000	4. DATE 5-11-2021		
5. MAILING ADDRESS 2500 Tulare Street Suite 4400		6. CITY Fresno	7. STATE CA 8. ZIP CODE 93721		
9. CASE NUMBER 1:21-cr-00022-NONE-SKO	10. JUDGE SKO	DATES OF PROCEEDINGS 11. FROM 2-25-2021 12. TO 4-30-2021			
13. CASE NAME US v Nathan Larson		LOCATION OF PROCEEDINGS 14. CITY Fresno 15. STATE CA			
16. ORDER FOR <input type="checkbox"/> APPEAL <input checked="" type="checkbox"/> CRIMINAL <input type="checkbox"/> CRIMINAL JUSTICE ACT <input type="checkbox"/> BANKRUPTCY <input type="checkbox"/> NON-APPEAL <input type="checkbox"/> CIVIL <input type="checkbox"/> IN FORMA PAUPERIS <input type="checkbox"/> OTHER (Specify)					

17. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)

PORTION(S)	DATE(S)	REPORTER	PORTION(S)	DATE(S)	REPORTER
<input type="checkbox"/> VOIR DIRE			<input type="checkbox"/> TESTIMONY (Specific Witness)		
<input type="checkbox"/> ENTIRE TRIAL					
<input type="checkbox"/> SENTENCING			Status Conference	4-30-2021	K. Hooven
<input type="checkbox"/> MOTION HEARING			<input checked="" type="checkbox"/> OTHER (Specify)		
<input type="checkbox"/> STATUS HEARING			Arraignment and Detention Hearing	2-25-2021	K. Hooven
<input type="checkbox"/> CHANGE OF PLEA			Status Conference	4-21-2021	K. Hooven
<input type="checkbox"/> PRE-TRIAL PROCEEDING			Commencement of Faretta Hearing	4-28-2021	K. Bennett

18. ORDER

CATEGORY	ORIGINAL (Includes Certified Copy to Clerk for Records of the Court)	FIRST COPY	ADDITIONAL COPIES	NO. OF PAGES ESTIMATE	COSTS
ORDINARY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	NO. OF COPIES		
14-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
EXPEDITED	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
DAILY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
HOURLY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>			

CERTIFICATION (19 & 20)

By signing below, I certify I will pay all charges (deposit plus additional).

ESTIMATE TOTAL

19. SIGNATURE <i>/s/ Brian W. Enos</i>	PROCESSED BY
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20. DATE 5-11-2021	PHONE NUMBER
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TRANSCRIPT TO BE PREPARED BY	COURT ADDRESS	
ORDER RECEIVED	DATE	BY

DEPOSIT PAID	DEPOSIT PAID
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TRANSCRIPT ORDERED	TOTAL CHARGES
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TRANSCRIPT RECEIVED	LESS DEPOSIT
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ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT	TOTAL REFUNDED
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PARTY RECEIVED TRANSCRIPT	TOTAL DUE
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